

POST-DOCTORAL PSYCHOLOGICAL EXPERIENCE FORM

Part I. TO BE COMPLETED BY APPLICANT

Applicant's Name: _____

Part II. TO BE COMPLETED BY SUPERVISING PSYCHOLOGIST

The above-named individual has applied for licensure as a psychologist in the State of South Dakota. South Dakota licensing law requires one year of post-psychological experience as a prerequisite for licensure. You are being asked to certify the post-doctoral psychological experience of this applicant. Attesting to this applicant's post-doctoral psychological experience is a vital element of the licensing process. Any misstatements by a licensed psychologist in completing this form may constitute unethical/unprofessional conduct. Please complete this form as objectively and candidly as possible. NO PORTION OF THE REMAINDER OF THIS FORM MAY BE FILLED IN BY THE APPLICANT.

Please return the completed form directly to:

South Dakota Board of Examiners of Psychologists
135 East Illinois, Suite 214
Spearfish, SD 57783

The application for licensure cannot be processed until this completed form is received by the Board of Examiners.

1. Name, address and phone number of agency where psychological experience was obtained: _____

2. Name, address and phone number of psychologist responsible for supervising the applicant's psychological experience: _____

- State/Province where licensed: _____
- License # _____ Date issued: _____
3. Inclusive dates of applicant's psychological experience:
starting date _____ completion date _____
4. Applicant's title during psychological experience: _____
5. Applicant's position during psychological experience: _____

6. Applicant worked full time _____ or part-time _____
(hours/week) (hours/week)

Part II. (continued)

7. During the period of supervised experience, what percent of the applicant's direct service time was spent in service of the following age categories:

Preschool:

School Age:

Adolescent:

College:

Adult :

Senior Citizen:

8. Please describe the nature of the applicant's psychological experience:

9. Based on your overall experience with this applicant, do you personally attest to the competence, professional judgment and ethical conduct prerequisite to the independent unsupervised practice of psychology?

YES_____ NO_____

If NO, please explain:

10. What is the applicant not qualified to do in the practice of psychology?

11. Would you hire this applicant as a professional psychologist?

YES_____ NO_____

If NO, please explain:

12. Do you have any reservations that would assist the South Dakota Board of Examiners of Psychologists in evaluating this applicant's qualifications to engage in the independent practice of psychology? YES_____ NO_____

If YES, please explain:

I DO / DO NOT recommend this applicant for licensure in psychology.

Signature of supervising psychologist

Date